

Default Question Block

Please complete the following application to be considered for funding. If you have any questions please contact Marsha McDaniel at marsha.mcdaniel@inl.gov (This form must be submitted by December 17, 2021)

All recipients must submit quarterly progress reports and a final summary report with photos.

Only 501(c)(3) nonprofit organizations are eligible for the grants. Proper taxexempt paperwork must be provided in order to receive funding.

Organization Name		

Please provide preferred contact information:

10/28/21, 10:09 AM	Qualtrics Survey Software
First Name	
Last Name	
Title	
Phone Number	
Email Address	
Please provide an address to where t	he grant award check should be mailed:
Addressee Name:	
Street Address or PO Box	
City	
County	
State	

10/28/21, 10:09 AM Zip Code	Qualtrics Survey Software
Organization Website:	
Block 1	
Please provide the appropriate finan request:	cial information (in dollars) for your grant
Grant Amount Requested	
Total Project Cost	
Matching Funds Identified (if any)	

Block 2

Please provide a detailed description of your project:

What is the anticipated impact of this grant for your organization?
Please provide an estimated timeline for completion of your project:
Block 3
Application category:
Small Business Development / Entrepreneurship
Rural Innovation Innovation District
Other
Category of INL Mission your application supports: (Check all that apply)
Nuclear Energy

Qualtrics Survey Software

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Energy & Environment	
National & Homeland Security	
None of the above	
There of the above	
Block 4	
Block 4	
How will INL's financial contributions to	your project be used?
Tiew will five a mariolal contributions to	year project be deed.
Please provide names and descriptions	of other sponsoring or contributing
organizations for the project:	
. ,	
Will this be a reoccurring project?	
Yes	
) Maybe	
) No	

How will this project likely be funded in the future?

Block 6

Is this a local, regional, statewide, or nationwide effort?

Local

Regional

Statewide

Nationwide

Does your organization or partnering organizations attempt to influence legislation?

No

Maybe

Yes

Does the organization receive funding from any federal, state or local government sources, or is it affiliated with any institution that does?

Yes

No

List amounts received during the past year, identify source, and indicate percentage of total budget such funding represents.			
Block 6			
Please provide information about your organization's annual budget:			
Annual Budget (in dollars):			
Percent of budget from private donations:			
Percent of annual budget from government grants:			

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